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The Personnel Policy Board met this date and discussed the Career Management Program. C/PCD opened the meeting by explaining that when the Personnel Policy Board was initiated, it had two members. It was felt that there should be more representation; therefore each Division Chief was placed on the board with C/PCD as the chairman.

The topic of the first meeting of the reconstituted board was the establishment of a Career Management Program. Since all Division Chiefs were familiar with C/ASD's program and not C/PCD's, his Career Management Program was introduced at this time.

The portion on the medical officers eight year plan was discussed first. DC/MS opened the discussion by stating that he didn't see any provision in this program for a man now overseas to have time for Headquarters training before finishing his schooling. Instead of deciding to take up our program and leaving in a few weeks for years of medical training, he should be observed here for a year or so to see if he is Agency material and will be an asset to the Medical Office. To be put into a hospital immediately would be unfair to both the Agency and the doctor. The main offices would not want a stranger to step into the job of DC/MS or C/MS without first knowing the kind of work he does. If ten doctors returned from overseas and all decided to stay with the Agency as a career, DC/MS felt we should choose the best three or four of them with the hope that they will stay with the Agency for the rest of their career.

In his Medical Officers' Program, C/PCD provided enough schooling to have the doctor complete his boards. DC/MS didn't see any necessity for a man to have to take his boards for any medical job in the Agency since the only position that really required boards would be that of E/TSD. C/PCD stated that the reason he had put the completion of boards into his program was so a doctor would be assured of his future in case after a few years he decided to go into private practice. Here another problem was encountered. It was felt that it would be too much of a waste to send a man all the way through school, train him for his job and then have him decide after a few years to go into private practice. Therefore, the man with only a year or two more of schooling would be the best candidate since money would not be lost in training him. Another advantage in training a man who had almost completed his medical training would be that he would have a better idea of what he wanted to do in the future. DC/MS felt that as far as training for board certificates was concerned, it should be limited to no more than 20 to 25% of the total number of eligible medical officers. C/PCD agreed that if at the end

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of five or six years we knew we would not have the clinical facilities to absorb their training, no boards would be necessary for Headquarters jobs.

C/TSD felt that the program should work much faster than C/PCD has it outlined. He felt, also, that we are not in a position to train doctors the way a hospital does. Only the Army has been able to come near the high standards of the private hospitals and they don't offer the opportunity for training that the independent hospital does. He agreed with DC/MS that it is necessary to train a man well along in his medical training or one who is not interested in getting his boards.

C/ASD agreed with C/PCD that it was proper to look ahead six to eight years. He felt that if the past year is an example of our growth, advancement would be even greater in the future.

C/SHD disagreed with C/ASD that the Medical Office will keep growing in the next few years as it has in the past year. He reminded C/ASD that the entire Agency is on a ceiling now and the Medical Office does not have too many positions available. In regards to the Career Program, C/SHD felt that a doctor should have one year of academic training in administrative work. Also that the operational medicine and medical intelligence courses should be a requirement in this program and also a year of specialty.

C/PCD then explained his technician program in the Career Management Program. This program had provisions for both administrators and technicians. DC/MS stated that there are [REDACTED] and only six positions open in the Medical Office for them. This problem is more pressing than the medical officers because only 25% of the doctors will seek future employment with us while approximately 95% of the technicians will be expecting a job when they return.

C/SHD thought that to build a career program everybody should start off equal and have a tour of duty before they are promoted. Unfortunately, the men in the field are at the top of their bracket at GS-7's. By the time they return to Headquarters after two years, the men in the Headquarters positions available will be GS-9's and due to go on a tour of duty. The Headquarters personnel will not want to take a down grade to go overseas. Therefore, how many of the men overseas will have a job here if a person at Headquarters is a GS-9 and will not go overseas for a cut grade? The technician returning from overseas won't be able to get the grade or position that the man at home is holding even though he may be better qualified by his overseas experience.

The fact is that the grades at Headquarters are higher than those in the field. It was agreed that we don't want to lower the grades here and we want to raise those in the field. Unfortunately, raising the field grades is next to impossible since technicians are assigned to projects in other divisions in the Agency. These divisions have a budget to keep within and a GS-7 is the maximum grade they can afford.

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C/ASD's plan was to place the qualified technicians from overseas in the jobs that are now held by Headquarters men. The question was then raised as to what was going to happen to the man in the GS-9 slot in Headquarters. You could not tell him he was to take a grade out nor could you push him out of his present job if he was doing it in a satisfactory manner. C/ASD's solution to this problem would be to push the Headquarters man into another division of CIA in his same grade slot. It was agreed that no job position now due to be promoted should be promoted. In this way, no Headquarters personnel could get too far out of the reach of technicians returning from overseas.

DC/MS felt that the only solution to the problem at this time is to have all medical personnel on the Medical Office T/O. In that way, a Headquarters man could be sent into the field as a GS-9 in a GS-7 slot with us bearing the expense. He also stated that this suggestion was being represented to C/ASD. This plan would have to be presented to the head offices and explained to them why this action is necessary and will have to start in the immediate future.

C/PCD concluded by stating that we here in Headquarters were looking at a group of people who have been promoted to higher grades than our overseas personnel. He doesn't feel that it would be too great a loss to ask a man to take a grade out to go overseas since he would make up for this financial loss in his per diem. He also felt that taking the grade out is just a good excuse to remain here with their families, homes and friends. This new program should be explained to them and this is the time to start it working. Right now we will have many problems but until we equalize, these problems will continue.

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